

Community Health Assessment Fort Riley, Kansas 2014



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Letter from the Chief

Dear Community Residents,

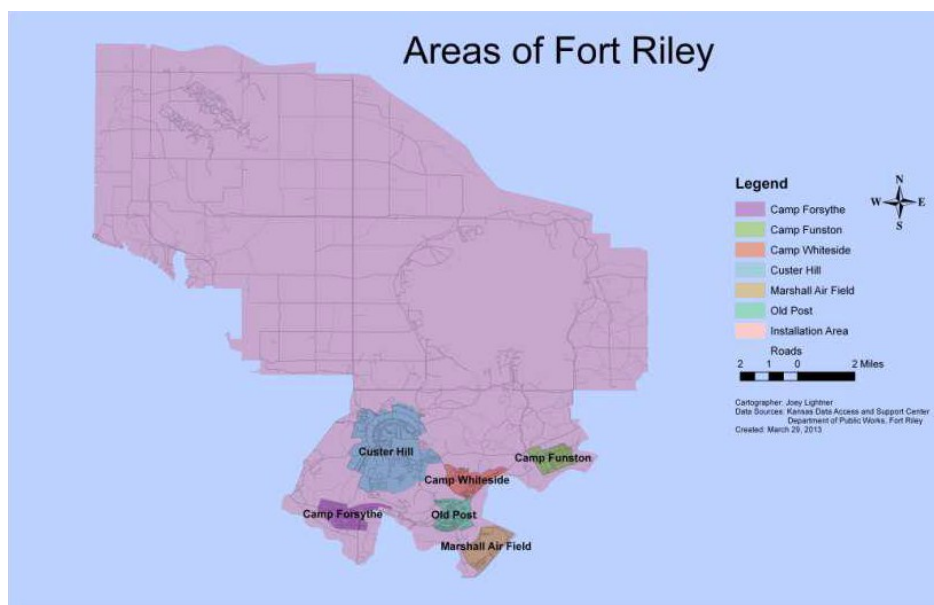
Part of being responsible to you as Public Health professionals is providing you with an assessment of the health of the Fort Riley community. Within this assessment is important information regarding the health and well-being of members of our community, some of which was received from you in the process of our “discussion” of health. Also described is the process chosen to put the findings of this assessment into action by mobilizing partnerships. Partnerships are important to Fort Riley, and our work at strengthening them is a priority to our Senior Commander as well as to the Medical Command’s business plan. As seen in this document, Fort Riley is a unique population, younger and more male dominated than like size communities. Therefore, health priorities are more likely to be the same as those identified nationally for the younger half of the population. Our fighting force and their families endure such sacrifice on behalf of preserving our freedom. Public Health partners need to be on point in the protection and promotion of a very deserving community’s health. I encourage you to read this assessment and most importantly to respond back to us in the very important dialogue on our health. Find us on Facebook or feel free to call (785)239-7386 with comments.

Sincerely,

Chief, Department of Public Health
United States Army Medical Activity

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History of Fort Riley, Kansas

Fort Riley is an historic U.S. Army installation located in the heart of the Flint Hills of Northeast Kansas. Established in 1853, and named after Major General Bennett C. Riley, the installation was built to intervene in conflict between local Native Americans and settlers and traders who passed through the area on the Santa Fe and Oregon Trails.

Fort Riley is home to the 1st Infantry Division, also known as the “Big Red One,” and is one of 15 FORSCOM (United States Army Forces Command) installations. As a FORSCOM installation, Fort Riley is responsible for training, mobilizing, and deploying assigned forces and providing land power to combatant commanders.

Over the past century, 1st Infantry Division Soldiers have fought in several major conflicts, including World Wars I and II, Vietnam, the Gulf War, Bosnia, Kosovo, Operation Iraqi Freedom, and Operation Enduring Freedom. The 1st Infantry Division at Fort Riley is comprised of four brigades and several support units.

The health of Soldiers and their families has always been at the forefront of priorities for Fort Riley. In 1854, a temporary hospital was set up on post, and by 1855, the first permanent hospital was opened. The population on the installation began to grow, which led to the construction of a new hospital in the 1880s. Several additions were added over the years, along with a second hospital during World War II. The current hospital, Irwin Army Community Hospital, was opened in 1958. This medical facility was dedicated to Brigadier General Bernard John Dowling Irwin, known as “The Fighting Doctor,” who won the Congressional Medal of Honor for his courage in a conflict with the Chiracahua Native Americans in 1861. Construction is underway on the new Irwin Army Community Hospital, which will replace the current one, and is expected to open in 2015.

The Fort Riley Department of Public Health (DPH) at Irwin Army Community Hospital offers various health services to Soldiers and their families, retired personnel, and civilian employees. These services include Child, Youth, and School Services health inspections, health education classes, disease surveillance, food service surveillance, water quality surveillance, vector surveillance, noise exposure assessment, air quality assessments, hearing screenings, and employee physical examinations.

The mission of the DPH is: “To promote health and prevent disease, injury, and disability of Soldiers and their Families, military retirees, and Department of the Army civilian employees.”

Background

The Fort Riley Department of Public Health (DPH) serves the population of Soldiers and family members who live on Fort Riley, Kansas. Some services of the DPH are also provided to the full group of beneficiaries of Fort Riley (Department of the Army civilians, family members, and retirees), most of whom do not live on Fort Riley. This Community Health Assessment primarily focuses on the population of Soldiers and family members who live on Fort Riley.

In May of 2013, the Fort Riley Department of Public Health (DPH) began work on evaluating the health status of the Fort Riley community through the Community Health Assessment (CHA). Members of the DPH engaged community partners in order to gather health data and assess the health status of the residents of Fort Riley, Kansas. These partners included the DPH Public Health Accreditation Team, Fort Riley programs and organizations, Fort Riley leadership, the 1st Infantry Division Community Health Promotion Council, local Kansas health departments (including Geary, Pottawatomie, and Riley Counties), the Geary County school district, U.S. Army Veterinary Command (VETCOM) and Dental Command (DENCOM), and Irwin Army Community Hospital leadership. These partners played an essential role in each aspect of the assessment by participating in surveys, working groups, and conferences.

DPH staff chose to use the Mobilizing for Action through Planning and Partnerships (MAPP) model to gather information for the CHA. The information collected in this assessment will be used to identify factors affecting the health of the population, priority health areas, and goals for the Fort Riley community that will comprise a final Community Health Improvement Plan (CHIP).

This information will also be submitted to the Public Health Accreditation Board (PHAB) as part of the DPH's application for accreditation, as completion of a CHA and a CHIP are two of three pre-requisites for the PHAB accreditation application.



Fort Riley Community Health Assessment

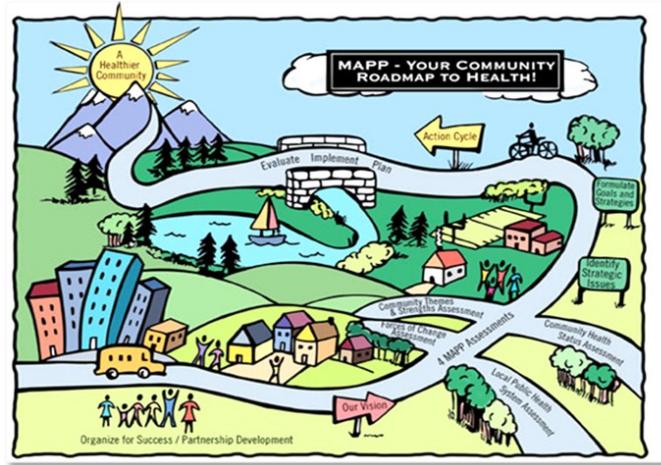
The Community Health Assessment (CHA) is a valuable tool used in public health practice to describe and determine the health needs of a community, assist in developing a plan to improve the health and wellness of a population, serve as a starting point and guide to develop strategies and mitigate identified issues, and act as a catalyst for policy change and development.

In addition to achieving these outcomes, the Fort Riley DPH's purpose for completing the CHA is:

1. To develop and improve partnerships with local organizations and community members.
2. To establish and promulgate the department's identity.
3. To prepare for the development of a Community Health Improvement Plan.



Mobilizing for Action through Planning and Partnerships (MAPP)



The Fort Riley DPH chose to use the Mobilizing for Action through Planning and Partnerships (MAPP) model as a framework for completing its CHA and CHIP. MAPP is a strategic approach to community health improvement. There are several benefits to using the MAPP model:

- Create a healthy community and better quality of life
- Increase visibility of public health within the community
- Anticipate and manage change
- Create a stronger public health infrastructure
- Engage the community and create community ownership for public health issues

MAPP consists of four assessments in a structured process for gathering and utilizing data for decision making, and therefore comprise a comprehensive CHA. These four assessments include:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Local Public Health System Assessment
- Forces of Change Assessment

The following pages will present information on each of these four assessments as well as their results.

Community Health Status Assessment

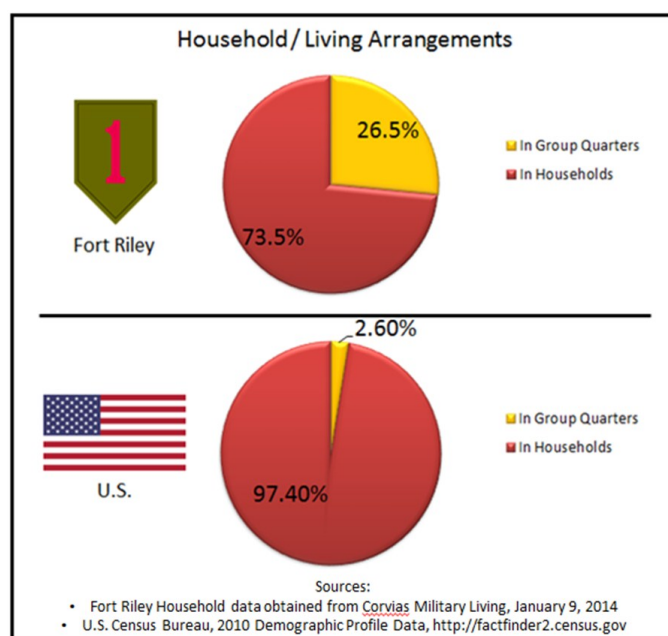
The Community Health Status Assessment (CHSA) was the first step completed by the Fort Riley DPH. This assessment objectively identifies priority community health and quality of life issues and answers the questions, “How healthy are our residents?” and “What does the health of our community look like?”

Demographic Profile of Fort Riley

Population composition is an important determinant of the healthcare needs and quality of life of a community. The following charts present information about the size, age, gender, race, rank, and living accommodations of the population of Fort Riley.

Chart 1.1

Total Population



The population of Fort Riley is a transient one. Individuals and families continually move onto and off of the installation, and Soldiers frequently leave the installation for deployments and trainings, changing the population number and composition. According to data obtained from Fort Riley Corvias Housing (January 9, 2014), the total population living on Fort Riley is 20,498. Almost three quarters of those who live on Fort Riley reside in households, as opposed to group quarters (i.e. barracks); however there is a larger percentage of the Fort Riley population which lives in group quarters as compared with

the population of U.S. residents (See Chart 1.1).

Age

The Fort Riley population is also much younger than the U.S. population, with 94% of residents under the age of 40; only 55% of Kansas and U.S. residents are under 40 years of age. Those aged 20 to 29 make up the largest percentage of all age groups on Fort Riley, representing 37% of the population (See Chart 1.2).

Gender

There are more males than females living on Fort Riley (57% vs. 43%), which is in contrast with the Kansas and U.S. populations, where the male to female population numbers are nearly equal (Chart 1.3).

Chart 1.2

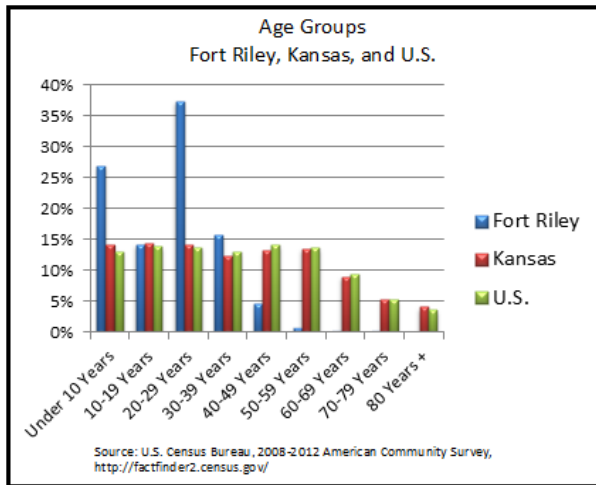
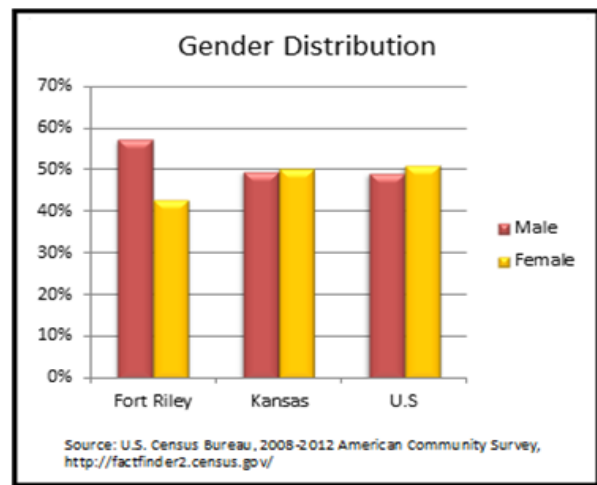


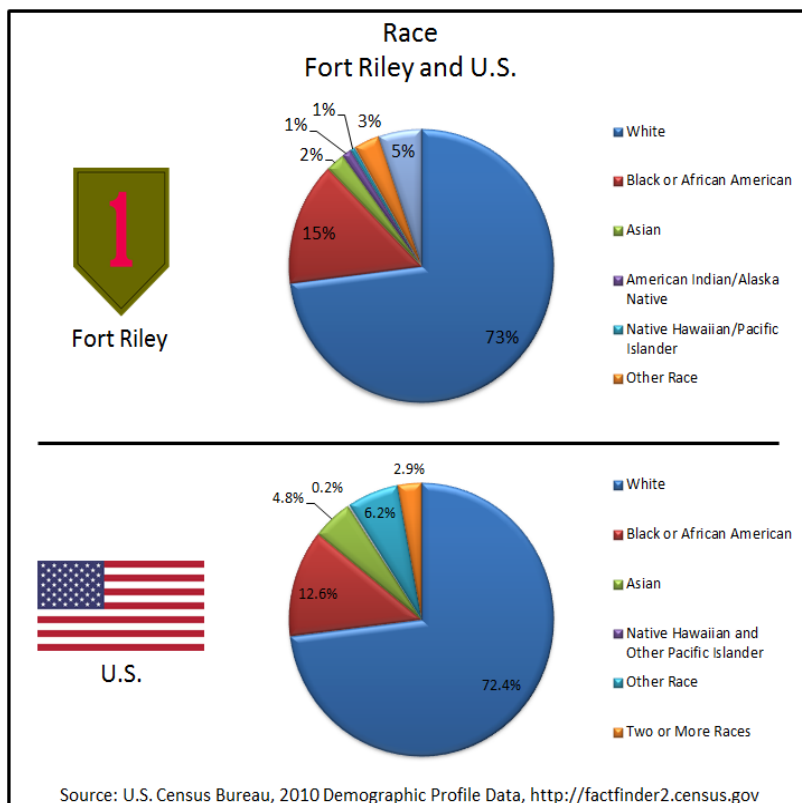
Chart 1.3



Race

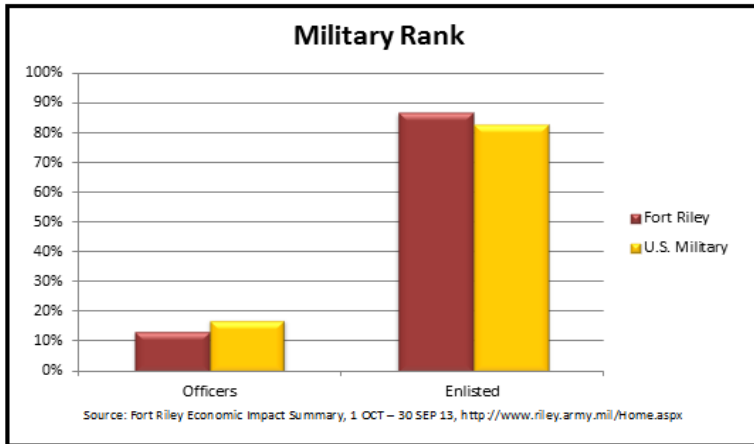
The population of those who live on Fort Riley represents several racial backgrounds. Most residents (95%) are of one race. Of those, the majority are white (73%) and most others are African American (15%). The racial composition of the residents of Fort Riley is very similar to that of the United States, with the majority of people identifying with one racial background (97%), and most of those being white (72.4%) and 12.6% being African American. See Chart 1.4 for a full breakdown of racial composition for Fort Riley and the U.S.

Chart 1.4



Rank

According to data obtained from the Fort Riley Risk Reduction Program, the total number of Soldiers assigned to Fort Riley in January 2014 was 14,966. Approximately 4,000 Soldiers live on the installation (Personal communication with Corvias Housing,



August 18, 2014) . The distribution of officers, and enlisted Active Duty personnel served by the Fort Riley DPH is presented in Chart 1.5. Most Active Duty personnel are enlisted (87%) while 13% are officers.

Chart 1.5

Risk Behaviors

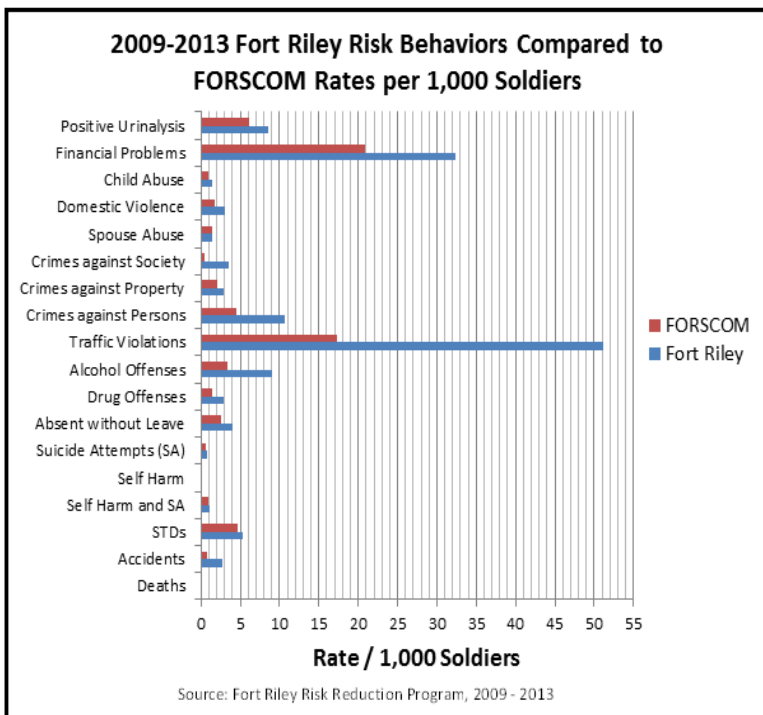


Chart 1.6

The Fort Riley Risk Reduction Program (RRP) tracks risk behaviors of Active Duty Soldiers who work and live on Fort Riley. These data are reported each month through the Fort Riley Installation Prevention Team. According to data collected from 2009 to 2013, several Fort Riley risk behaviors are greater than the FORSCOM rate. Offenses including Absent Without Leave

(AWOL) and financial problems are 1.5 times the FORSCOM rate. Accidents, drug offenses, alcohol offenses, traffic violations, crimes against persons, and crimes against society are twice the FORSCOM rate. Suicide attempts among Fort Riley soldiers are 1.35 times higher than the FORSCOM rate.

According to 2012 data, the leading causes for medical encounters for Active Duty personnel, both on Fort Riley and Army-wide, are primarily musculoskeletal injuries and behavioral health issues. Back injuries are the primary reason soldiers who live and work on Fort Riley seek medical care.

Top 5 Diagnoses by Medical Condition Category Fort Riley Active Duty and Army Active Duty, 2012

Medical Encounters, Fort Riley	Medical Encounters, Army
Musculoskeletal – Back (n = 21,821)	Musculoskeletal – Back (n = 372,410)
Adjustment reaction (n = 14,198)	Anxiety (n = 259,664)
Anxiety (n = 13,545)	Adjustment reaction (n = 214,511)
Mood disorders (n = 11,067)	Injury – Knee (n = 195,870)
Injury – Arm and shoulder (n = 8,290)	Substance Abuse Disorders (n = 185,268)

Source: Armed Forces Health Surveillance Center; major categories and conditions were adapted from the Global Burden of Disease Study
http://www.afhsc.mil/viewMSMR?file=2012/v19_n04.pdf#Page=04

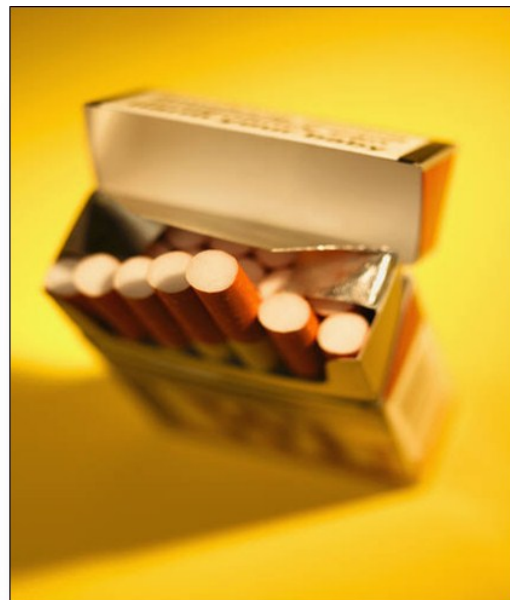
Tobacco Use

The percentage of Active Duty personnel using tobacco on Fort Riley is much higher than the Army, Kansas and U.S. populations. Cigarette smoking is the leading cause of preventable death in the United States. For Active Duty personnel, smoking can be detrimental to their performance as Soldiers:

- Those who smoke are more likely to experience training failure and perform poorly on fitness evaluations
- They are more likely to experience injuries, especially musculoskeletal injuries
- Those who smoke are more likely to feel stressed due to their military duties than those who do not smoke, particularly those who smoke to try to control stress[#]

Percent of individuals who use tobacco

Fort Riley*	39.52%
Western Regional Medical Command*	33.1%
Total Army*	31.2%
United States**	21.3%



Illness and Injury

[#]Source: American Lung Association, Military and Tobacco Use, <http://www.lung.org/stop-smoking/about-smoking/facts-figures/military-and-tobacco-use.html>

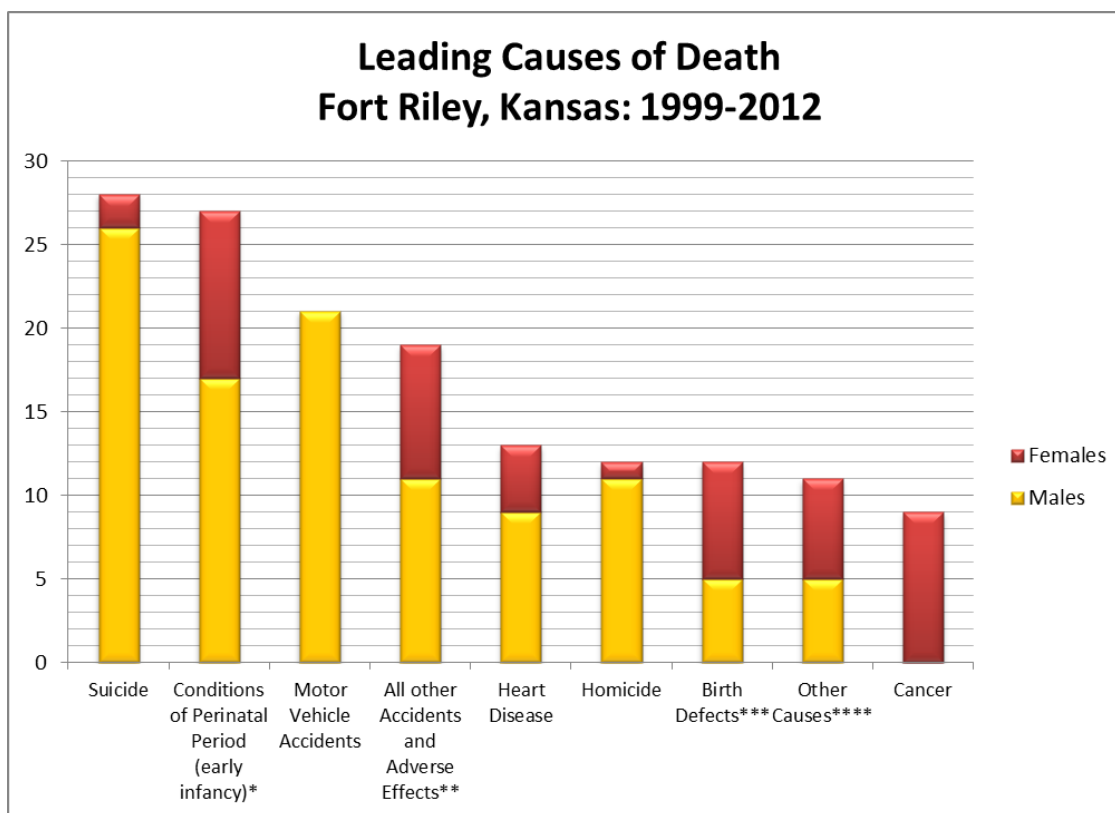
*Source: Personal communication, Kari Bruley, US Army Public Health Command. Data obtained from the annual dental exam, August 2013.

**Source: Centers for Disease Control and Prevention. Tobacco Use Among Adults—United States, 2012-2013. Morbidity and Mortality Weekly Report 2014;63(25):542–547. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6325a3.htm>

Deaths

The data below present the leading causes of death for residents who live on Fort Riley between 1999 and 2012. On average, there are about 12-13 deaths among this population each year. According to Kansas Department of Health and Environment data, the leading cause of death for the population of Fort Riley is suicide, followed by infant deaths and motor vehicle accidents. Based on the data presented, each year about two deaths will be suicides, two will be infant deaths, and 2.5 will be due to accidents.

Sources: Kansas Department of Health and Environment, <http://kic.kdhe.state.ks.us/kic/>



[death_zip.html](#); personal communication, Greg Crawford, Director of Vital Statistics Data Analysis, Kansas Department of Health and Environment, May 23, 2014.

*Death due to certain conditions originating in the perinatal period

**Includes: other land transport accidents, other transport accidents: water/air/space/other/unspecified, falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke/fire/flames, accidental poisoning and exposure to noxious substances, other/unspecified non-transport accidents and their sequelae

***Death due to congenital malformations, deformations, and chromosomal abnormalities

****Includes: in situ neoplasms/benign neoplasms/neoplasms of uncertain or unknown behavior, anemia, malnutrition, other nutritional deficiencies, meningitis, Parkinson's disease, infections of kidney, hyperplasia of prostate, inflammatory diseases of female pelvic organs, symptoms/signs/ill-defined conditions – except SIDS, all other diseases (residual)

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment is the second assessment in the MAPP model. It provides a deeper understanding of issues that are important to members of the Fort Riley community, how quality of life is perceived by residents, and what assets are available to be used to improve community health.

The DPH assessed these issues by creating and distributing a Community Health Survey, as well as gathering information from two well-established forums on Fort Riley: the Army Family Advocacy Program (AFAP) and the Community Health Promotion Council (CHPC) and its working groups.

Community Health Survey

The Community Health Survey focused on health, wellness, and quality of life issues important to the local community. The survey was created by the members of the DPH Accreditation Team and approved through the Public Health Command's Review Board. The survey was accessible online from February 1 to April 5, 2014. All Fort Riley residents and employees were eligible and highly encouraged to complete the survey. The Community Health Survey was anonymous and web-based. In order to encourage maximum participation, it was also distributed on several occasions at the Fort Riley Commissary, Post Exchange, and dining facilities.

Army approved survey software was used and Public Health Command hosted the survey on its server. It was distributed through the hospital and several installation Public Affairs Offices, Family Readiness Groups, and Housing representatives. Social media, newspaper, and e-mail and alert messaging were used to distribute the survey link

There were 968 respondents. The survey consisted of 24 questions, which included 19 questions on respondents' perceptions about health, wellness and quality of life issues, as well as five demographic questions.

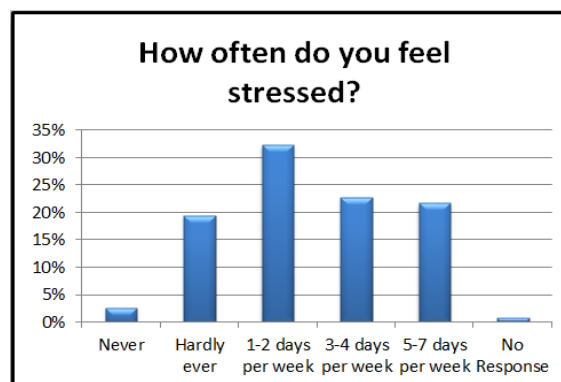
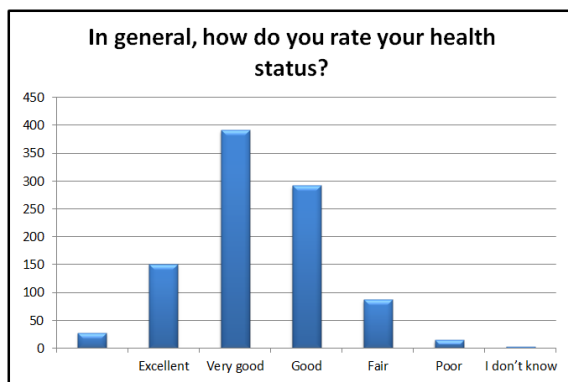


Community Health Survey Results

Most survey respondents that answered demographic questions were under the age of 40 years (65%, n = 627) and male (54%, n = 428). Twenty-five percent of respondents were civilians, while 59.8% were Active Duty personnel.

Health Status and Stress

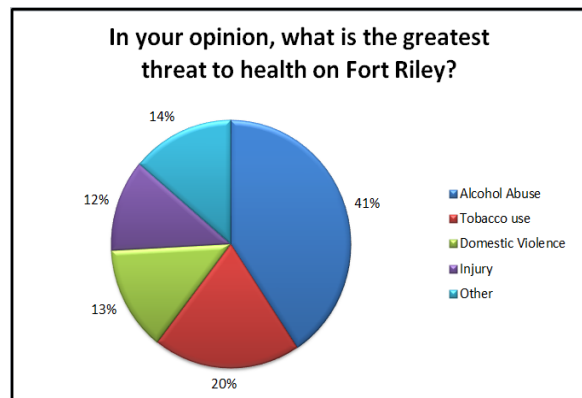
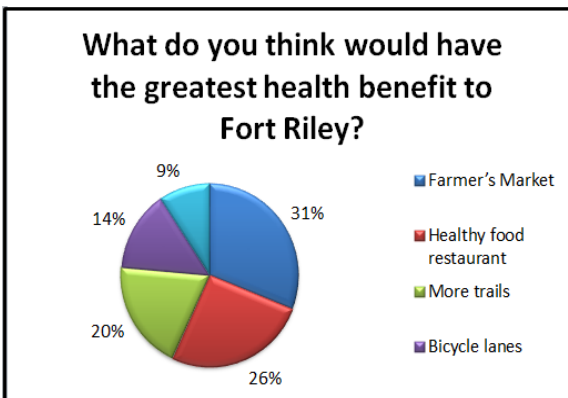
When asked how they rated their health status, most respondents (86%) rated their health as “excellent,” “very good,” or “good.” However, when asked how often they feel stressed, nearly half of survey respondents (44.5%) felt stressed three or more days per week.



Greatest Benefits and Threats to Health

Two questions addressed respondents' perceptions of factors they believed would pose the greatest benefits and threats to the health of the Fort Riley population. Most respondents believed farmer's markets (31%) and healthy food restaurants (25.9%) would have the greatest benefit to health. Forty percent believed the greatest threat to health on Fort Riley was alcohol abuse, while another 19.9% felt that tobacco use most threatened the health of those living on Fort Riley.

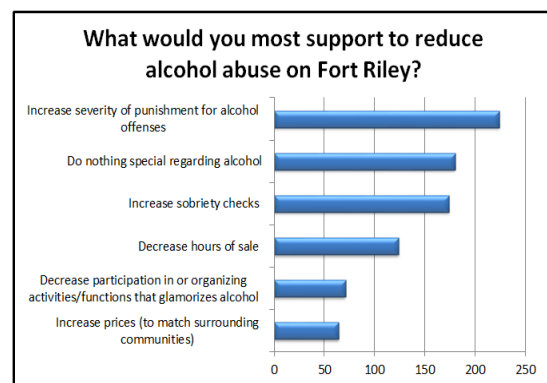
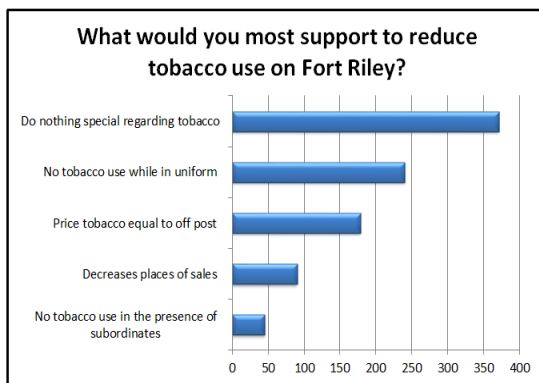
Alcohol and Tobacco



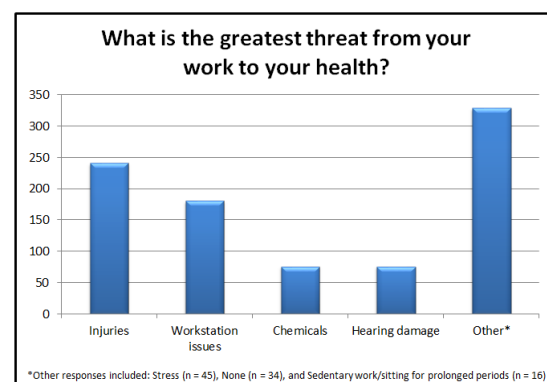
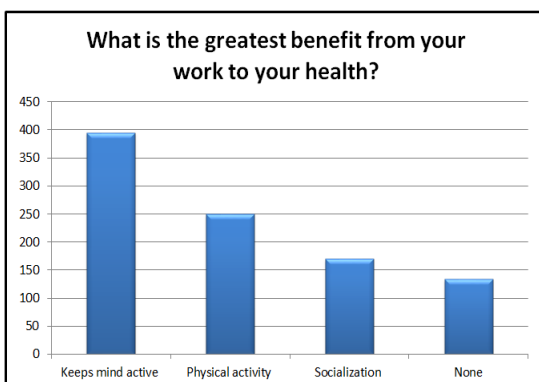
Two questions focused on respondents' opinions of how best to reduce alcohol and tobacco use on Fort Riley. Forty percent answered that nothing special should be done, 26% felt that tobacco use should be banned while Soldiers are in uniform. When asked about what they would most support to reduce alcohol abuse on Fort Riley, 27% chose increasing the severity of punishment for alcohol offenses.

Greatest Benefits and Threats to Health from Working

Respondents were asked about what they perceived to be the greatest benefits and

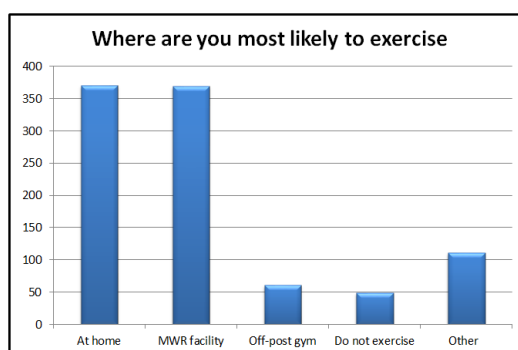
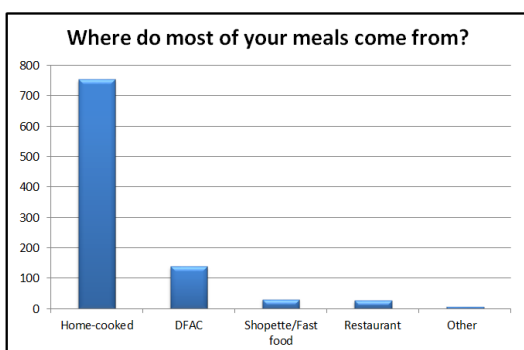


threats from their work. Forty-one percent of people responded that “keeping their minds active” was the greatest benefit and 25% felt that injuries were the biggest threat to their health. Respondents had the option of writing in answers they felt were the greatest threat to their health because of their work situation; thirty-four percent wrote in answers and these responses included stress, sedentary work, and no perceived threats.



Nutrition and Exercise

Survey respondents were questioned about their nutrition and exercise habits. Most respondents (78%) eat most of their meals at home. Seventy-six percent of respondents said they exercise at home or at an MWR facility (fitness centers on Fort Riley run by the Morale, Welfare, and Recreation Program). Five percent of respondents said that they do not engage in exercise.



Army Family Advocacy Program Survey

Along with the Community Health Survey, the DPH also gathered information from the Army Family Advocacy Program (AFAP). The Family Advocacy Program works to prevent, educate, report, investigate, and intervene in cases of spouse and child abuse. The program offers several services to Soldiers and families to enhance their relationship skills and improve their quality of life. AFAP accomplishes their mission through various groups, seminars, workshops and counseling and intervention services.

AFAP conducts annual conferences on Fort Riley to discuss issues at a community level and to ascertain community concerns. Two conferences were held in 2013. The Teen AFAP Conference was held September 28, 2013, and the Adult Conference was held November 19-20, 2013. The teen conference hosted five delegates and five staff members, and the adult conference hosted 60 delegates and 14 staff members.

Thirty concerns were identified and addressed in the 2013 AFAP Conferences and were taken to the executive steering committee to be addressed. Concerns most related to health included:

- Lack of walking and biking trails on Fort Riley
- Lack of instructors to adequately accomplish the Pregnancy and Postpartum Physical Training Program (PPPT Program)
- Lack of adequate street lights on Fort Riley
- Need for more childcare services at gyms on post

Survey of Brigade Leaders

In 2013, the Fort Riley Behavioral Health/Public Health (BH/PH) Working Group, one of the seven working groups of the Community Health Promotion Council (CHPC), met with Brigade leadership on Fort Riley to gather input on their health concerns. The CHPC supports the health and resiliency of Soldiers, Family Members, and Civilians, and elevates and prioritizes public health issues and standards, and shifts the focus of health from reaction to prevention. The components of health on which the CHPC focuses are behavioral, physical, spiritual, and environmental. The CHPC meets monthly and is facilitated by the installation's Health Promotion Officer and chaired by the Senior Commander, the installation's highest ranking officer. Other attendees include Brigade commanders, Fort Riley program managers, medical assets, and community partners.

The concerns identified during meetings with the BH/PB Working Group and Brigade leadership are listed below and were presented to the CHPC in December 2013 by the Installation's Health Promotion Officer.

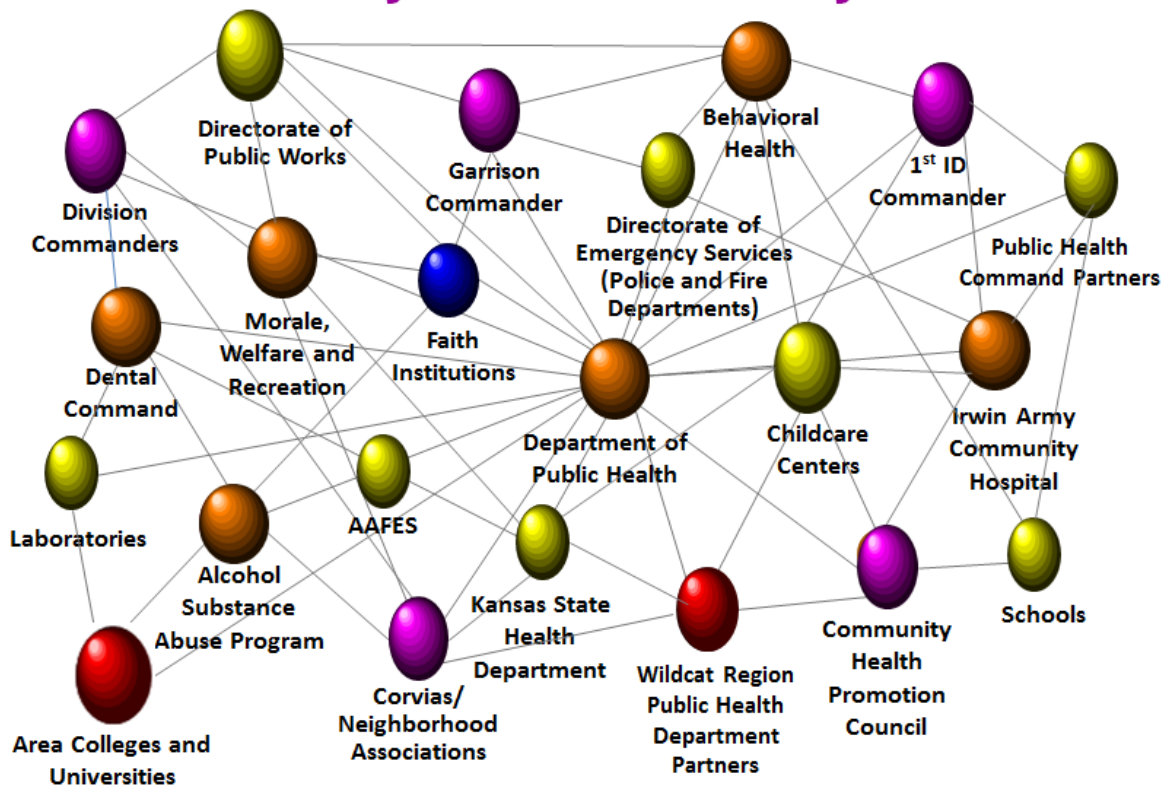
- Risk Management (consultation w/Behavioral Health [BH] providers)
- How to avoid pre-deployment BH Surges
- Medical Evaluation Board (MEB) versus Separation (BH Guidance)
- Need for more embedded BH and Behavioral Health Officers
- Poly-pharmacy
- Domestic Violence (child abuse) prevention
- Alcohol, DUI Prevention
- Rape
- Drug abuse (illicit and prescription)
- Injury Prevention and recovery
- How to teach coping skills (Comprehensive Soldier and Family Fitness [CSF2], Wellness Center)

Local Public Health System Assessment

The Local Public Health System Assessment focuses on all of the organizations and entities that contribute to the public's health in the community. The local public health system includes "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." The public health system includes public health agencies, healthcare providers, public safety agencies, human service and charity organizations, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies and organizations (see the graphic below).

The Local Public Health System Assessment answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The assessment breaks down the system into individual components as they contribute to the 10 Essential Public Health Services and those components are then evaluated for their effectiveness.

Fort Riley Public Health System



Community Assets and Resources

Fort Riley

Army Community Service (ACS)

Exceptional Family Member Program (EFMP)

Family Advocacy Program (FAP) Abuse and Neglect

Social Work Services

Survivor Outreach Services

Casualty Assistance Center

Irwin Army Community Hospital

Army Substance Abuse Program

Sexual Harassment / Assault Response and Prevention (SHARP)

Child Youth and School Services

Resiliency Campus

Dental Corps

Veterinary Services

A complete list of Fort Riley Community Resources, with links, can be found at <http://www.riley.army.mil/NewArrivals/CommunityResourceGuide.aspx>

Geary County

USD 475 - Geary County Schools

Geary County Community Hospital

Geary County Health Department

Riley County

Riley County Health Department

Women, Infants and Children (WIC) Program (offices located on Fort Riley)

USD 383 – Manhattan-Ogden Schools

USD 378 – Riley County Schools

Pottawatomie County

Pottawatomie County Health Department

Survey Methods

The DPH administered a survey based on a modified version of the National Public Health Performance Standards. The results of the survey may lead to strategies that can help strengthen and improve the local public health system and provision of public health services. Surveys were administered to the following community partners between March and April 2014:

- Fort Riley Army Garrison Leadership
- Community Health Promotion Council (CHPC) Board of Directors
- Local Kansas Health Departments including Geary, Pottawatomie, and Riley Counties (Wildcat Region meeting)
- USD 475 (Superintendent; Chief Nurse for district; guidance counselor)
- US Army Veterinary Command (VETCOM)
- US Army Dental Command (DENCOM)
- Irwin Army Community Hospital (IACH) Command Team
- Public Health/Behavioral Health working group – Commander, Sergeant Major

Results

Many survey participants were unfamiliar about what the Fort Riley Public Health System does, especially those who are local community partners.

To what extent does Public Health meet the essential service?

Essential Service	Scale 1-4	Percentage
1 Monitor health status to identify and solve community health problems	3.08	77.08%
2 Diagnose and investigate health problems and health hazards in the community	3.08	77.08%
3 Inform, educate, and empower people about health issues	2.89	72.22%
4 Mobilize community partnerships and action to identify and solve health problems	2.86	71.43%
5 Develop policies and plans that support individual and community health efforts	2.83	70.83%
6 Enforce laws and regulations that protect health and ensure safety	3.14	78.57%
7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable	2.57	64.29%
8 Assure competent public and personal health care workforce	3.00	75.00%
9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services	2.61	65.28%
10 Research for new insights and innovative solutions to health problems	2.68	67.05%

Scale: 1 – Not at all 2 – Partially 3 – Substantially 4 - Fully

Forces of Change Assessment

On June 17, 2014, the Fort Riley DPH PHAB accreditation team members met to conduct the Forces of Change Assessment. This assessment, the fourth assessment in the MAPP process, identifies trends, factors, and events that occur in the community which affect the local public health system and the health of those who live and work on Fort Riley, Kansas. This assessment answers the questions, “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” Eight categories of forces were considered:

- Social
- Economic
- Technological
- Political
- Environmental
- Scientific
- Legal
- Ethical

The PHAB accreditation team identified several factors that had the potential to affect the Fort Riley’s health care system as well as the health of the local population. These forces, along with potential threats and opportunities are presented in the tables on the following pages.

Social	Opportunity	Threat
Influx of foreign ethnic groups	Maintaining size of installation and validating the need for local resources.	Strained local resources and introduction of new diseases from foreign lands.
Increase in behavioral health issues	None noted.	Not having behavioral healthcare available to civilian workforce on the installation, decreased resources which cause a strain on hospital and behavioral health employees, decreased ability for providers to track care of Soldiers who seek behavioral healthcare outside of the military healthcare.
Aging civilian workforce	None noted.	Decreased output, increased cost of healthcare, and less work availability.
Negative perceptions of vaccinations due to anti-vaccination campaigns	None noted.	Families moving onto the installation who have not been vaccinated properly, increasing the risk for vaccine preventable illnesses spreading through military and dependent populations.

Social, continued	Opportunity	Threat
Rising cost of healthy foods	None noted.	As food costs increase, people choose cheaper, potentially less nutritious foods leading to poorer health outcomes, including obesity, than in individuals who choose healthier options. This can lead to increased expenses for obesity medications and illnesses associated with obesity.
Involvement of U.S. military in current and future world conflicts		Fragmented medical care to Soldiers who frequently deploy since they are seen irregularly by their healthcare providers. Exposure to foreign diseases threatens Soldiers' health and possibly the health of the population of Fort Riley when Soldiers return home.
Multiple Army Campaigns (Ready and Resilient Campaign, Voluntary Protection Program, Periodic Health Assessment, etc.)	Community of Soldiers, Family Members and Civilians have the opportunity to become more involved in their healthcare and prevention of risky health behaviors. Opportunity for Army leaders to gain useful metrics related to health and behaviors for use in decision making.	The community may begin to blur different campaigns and the messages become watered down.

Economic	Opportunity	Threat
Shrinking military healthcare and moving it out to civilian sector	Develop and strengthen relationships with local healthcare providers	Potential for strained relationships with local healthcare partners
New Irwin Army Community Hospital on Fort Riley	Access to new technology, more telemedicine resulting in improved access to healthcare, and reduced cost of healthcare	Retraining personnel to use new technology, decreased personnel, uncertainty about whether the new facility will have inpatient capabilities or will be a clinic.
Medical care relocation on Fort Riley	Some clinics, including the DPH, will move to Custer Hill (where majority of Soldiers work each day), putting medical resources closer to the Fort Riley population, making it more convenient for them to access care.	Could hinder communication between clinics and providers
Some Custer Hill Health Clinic staff will move to support a community-based clinic in neighboring Junction City	None noted.	Strained staffing resources at Custer Hill Health Clinic on post.

Technological	Opportunities	Threats
None noted.	None noted.	None noted.

Political	Opportunities	Threats
State Public Health changing policy for restaurant inspections to occur every three years	None noted.	Decreased standards in restaurants in which Fort Riley Soldiers and Family Members eat, which could threaten their health and increase healthcare expenses if illnesses and outbreaks occur.
Election cycles and changing leadership	Each election cycle brings in new officials with new priorities for the military and for healthcare. This can be both an opportunity and a threat.	

Environmental	Opportunities	Threats
Disease outbreaks	Opportunities for Army health officials to partner with U.S. health officials to study diseases and develop treatments.	Threat of diseases making their way into the Fort Riley population, decreasing the readiness of the Soldier population, and increasing healthcare costs.
Local pasture burning each spring.	None noted.	Increased allergens, making it difficult for people to breathe and increasing the use of medical resources
Lack of available biking and walking trails on Fort Riley	Opportunity for the DPH to work with Master Planning meetings on Fort Riley to design and build safe biking and walking paths, which will provide safer transportation and encourage healthier lifestyles.	Risk for accidents when individuals bike and walk along roads, decreased opportunity for population to engage in physical activity.

Conclusions

Many health issues, including behavioral health, are on the rise across the Army, and the population of Fort Riley is no exception. Many of these issues are the result of the unique lifestyle of those who serve in the Army, and are compounded by several years of war, with long and multiple deployments and reunions putting strain on Soldiers and their families. These conditions have added stress to an already challenging way of life.

Since the population of Fort Riley is composed of a primarily younger male-dominated demographic, there is a greater incidence of risk-taking behaviors, leading to different causes of death and illness than the population as a whole. Young males tend to engage in more risky behavior than females, including excessive drinking, fast driving, driving without safety belts, and committing suicide.* This means that the population of Fort Riley is likely to be at a greater risk for these behaviors than the general population.

When compared with the rest of the FORSCOM population, Fort Riley has a much higher rate of certain risk behaviors. These behaviors include financial problems, crimes against persons, traffic violations, and alcohol and drug offenses. Tobacco use rates are also much higher for the Fort Riley population than other populations. Fort Riley Soldiers are more likely to seek medical care for musculoskeletal injuries and behavioral health issues than any other causes of injury and illness. Although the number of deaths occurring among Fort Riley residents is relatively low, prevention efforts should focus on the leading causes of death including suicide, homicide, unintentional injuries, and pregnancy and early infancy issues, along with the previously mentioned risk behaviors.

The Local Public Health System Assessment revealed that many community partners were unaware of what the Fort Riley Public Health System does. Future focus should be on developing awareness in community partnerships and involving them in the DPH's efforts in order to prevent duplication of services.

The existence of partnerships are a strength of the Fort Riley community. The area welcomes the military and there exists a multitude of agreements with academia throughout the state and inclusion in many of the local governance advisory councils and steering committees.

*Source: Centers for Disease Control and Prevention, Excessive Alcohol Use and Risks to Men's Health, : <http://www.cdc.gov/alcohol/fact-sheets/mens-health.htm>

The Way Ahead

The Next Step: Defining Priority Areas

The four assessment areas of MAPP create a broad overview of Fort Riley's health status and they provide a platform for which our community can take action towards bettering its health. The next step will be to share this information with local community leaders and partners in order to narrow the focus to the top priority areas for improvement. Members of the DPH and CHPC will review data from each of the assessments in order to develop a list of strategic health issues on which to focus. After these areas are defined, the CHPC working groups will develop an ongoing Community Health Improvement Plan (CHIP).

Unit Risk Inventory

The Unit Risk Inventory (URI) is a survey administered annually to all Soldiers. It is an anonymous questionnaire used to screen for high risk behaviors and attitudes that can compromise unit readiness. Results of the URI are used by commanders to assess the climate within their units and to adjust training and prevention efforts. Many of the behaviors assessed in the URI are discussed within the CHA. Data from the URI are not currently included in the CHA, but will be included as a source of Fort Riley community health information in future CHAs.